

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034792

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 208

STATE FILE NUMBER

FILED AUG 28 1963

1. PLACE OF DEATH

a. COUNTY SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN SIKESTONLength of stay in lb
3 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION MO. DELTA COMMUNITY HOSP.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY SCOTT

c. CITY
OR
TOWN SIKESTONInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 207 YOUNGReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
FREDERICK ROBINSON4. DATE OF DEATH
Month Day Year
8-7-635. SEX
MALE6. COLOR OR RACE
COLORED7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2-27-63

9. AGE (last birthday)

IF UNDER 1 YEAR
Months Days
12IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

INFANT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

SIKESTON, SCOTT

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

JOHNNIE ROBINSON

14. NAME OF HUSBAND OR WIFE

JOHNNIE ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JOHNNIE ROBINSON - MOTHER

18. CAUSE OF DEATH (Enter only one cause per
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diantheria, Enteric

INTERVAL BETWEEN
ONSET AND DEATH
10-11 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

1. Dehydration 2. Acidosis

PART III: If deceased was female was
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-6-73 to 8-7-63 and last saw him alive on 8-7-63

Death occurred at 3:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Audra B. Smith MD

(Degree or title)

22b. ADDRESS

Sikeston Missouri

22c. DATE SIGNED

8-8-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-8-63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Cemetery

23d. LOCATION (City, town, or county)

Sikeston

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Delta Funeral Chapel Sikeston, Mo. August 24 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Janette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

NOTE THE NUMBERS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address: _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received Aug 8, 1962